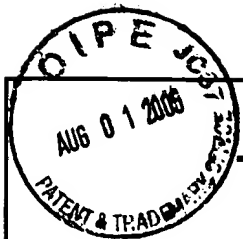


2661 *EW*



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number	09/893,910
Filing Date	June 29, 2001
First Named Inventor	Edward Michael Silver
Art Unit	2661
Examiner Name	Quynh H. Nguyen
Attorney Docket Number	BS00336

ENCLOSURES

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form Return Postcard
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Faivre Walters</i>		
Date	July 29, 2005		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Maureen M. Pettine	Date	July 29, 2005
Signature	<i>Maureen M. Pettine</i>		



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Edward Michael Silver

Group Art Unit: 2661

Application No.: 09/893,910

Examiner: Quynh H. Nguyen

Filed: June 29, 2001

Title: "System and Method for Viewing Contents Via a Computer Network During a Telephone Call"

VIA U.S.P.S. FIRST CLASS MAIL

Attn: Examiner Quynh H. Nguyen

37 C.F.R. § 1.8 CERTIFICATE OF MAILING

I hereby certify that this correspondence is being mailed through the U. S. Postal Service to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on: July 29, 2005 (date of mailing).

Maureen M. Pettine

Name of Person Mailing This Paper

Maureen M. Pettine

Signature

July 29, 2005

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.



Date: 7/29/05

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Bambi F. Walters", written over a horizontal line.

Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

FEE TRANSMITTAL

for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27



Application Number	09/893,910
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Art Unit	2661
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TOTAL AMOUNT OF PAYMENT **\$180.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES			SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Plant	200	100	300	150	160	80	_____	
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0	_____	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<u>Total Claims</u> _____		
- 20 or HP = _____		
<u>Extra Claims</u> _____		
<u>Fee (\$)</u> _____		
<u>Fee Paid (\$)</u> _____		
<u>Multiple Dependent Claims</u> _____		
<u>Fee (\$)</u> _____		
<u>Fee Paid (\$)</u> _____		

HP=highest number of independent claims paid for, if greater than 3.

<u>Indep. Claims</u> _____	<u>Extra Claims</u> _____	<u>Fee (\$)</u> _____	<u>Fee Paid (\$)</u> _____
- 3 or HP = _____	x _____	= _____	

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u> _____	<u>Extra Sheets</u> _____	<u>Fee (\$)</u> _____	<u>Fee Paid (\$)</u> _____
- 100 = _____	/ 50 _____	(round up) x _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS Fee

180.00

SUBMITTED BY:

<u>Name (Print/Type)</u>	<u>Registration No.</u>	<u>Complete (if applicable)</u>
Bambi F. Walters	45,197	<u>Telephone:</u> (757) 253-5729
	(Attorney/Agent)	

<u>Signature</u>	<u>Date</u>
Bambi F. Walters	July 29, 2005

+

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet

1

of

1

Application Number

Complete if Known

09/893,910

Filing Date

June 29, 2001

First Named Inventor

Edward Michael Silver

Group Art Unit

2661

Examiner Name

Quynh H. Nguyen

Attorney Docket Number

BS00336

[illegible]

Examiner
Signature

Date
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**